EE530

COST PER RESPONSE, REMISSION AND ENDOSCOPIC IMPROVEMENT OF ADVANCED THERAPIES FOR BIO-EXPOSED PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS (UC) IN FRANCE

Wang S.,[1] Sanchez Gonzalez Y.,[2] Villemant-Robin S.,[3]

[1]Medicus Economics LLC, Milton, MA, USA; [2]AbbVie Inc., North Chicago, IL, USA; [3]AbbVie Inc., Rungis, France

OBJECTIVE

To assess the cost per event of advanced therapies after induction and maintenance in bio-exposed patients with moderately to severely active UC in France

CONCLUSIONS

In addition to providing a new treatment option for bio-exposed adults with moderately to severely active UC, upadacitinib has the lowest cost per event and thus provides savings from a health insurance perspective

These results may be useful to optimize the therapeutic management of bio-exposed adults with moderately to severely active UC in France from a cost-effectiveness point of view

AbbVie and the authors thank the participants, study sites, and investigators who participated in this clinical trial.

AbbVie funded this trial and participated in the trial design, research, analysis, data collection, interpretation of data, and the review and approval of the publication. All authors had access to relevant data and participated in the drafting, review, and approval of this publication. No honoraria or payments were made for authorship.

Financial arrangements of the authors with companies whose products may be related to the present report are listed as declared by the authors: Wang S has received consulting fees and research support from AbbVie. Sanchez Gonzalez Y and Villemant-Robin S are full-time employees of AbbVie and may own AbbVie stock and/or options.

References

1. Société Nationale Française de Gastro-Entérologie. Rectocolite hémorragique. August 2018.
2. HAS. Avis de la Commission de la Transparence de STELARA du 22 juillet 2020
3. HAS. Avis de la Commission de la Transparence d'ENTYVIO du 18 mars 2020
4. Yoon H, et al. Gastroenterology. 2020;159(4):1262-1275.e7.
5. Amiot A, et al. Clinical guidelines for the management of inflammatory bowel disease: Update of a French national consensus. Dig Liver Dis. 2021;53(1):35-43.
6. Harbord M, et al. Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 2: current management. J Crohns Colitis 2017;11:769-784
7. Raine T, et al. ECCO Guidelines on Therapeutics in Ulcerative Colitis: Medical Treatment. J Crohns Colitis. 2021;jjab178. doi: 10.1093/ecco-jcc/jjab178

For additional information or to obtain a PDF of this poster

Scan QR code or utilize the following link to download an electronic version of this presentation and other AbbVie [2022 ISPOR Europe 2022] scientific presentations:

[https://abbvie1.outsystemsenterprise.com/GMAEventPublications/Assets.aspx?ConferenceId=492]
QR code expiration: [Nov 6, 2023]

To submit a medical question, please visit
www.abbviemedinfo.com

INTRODUCTION

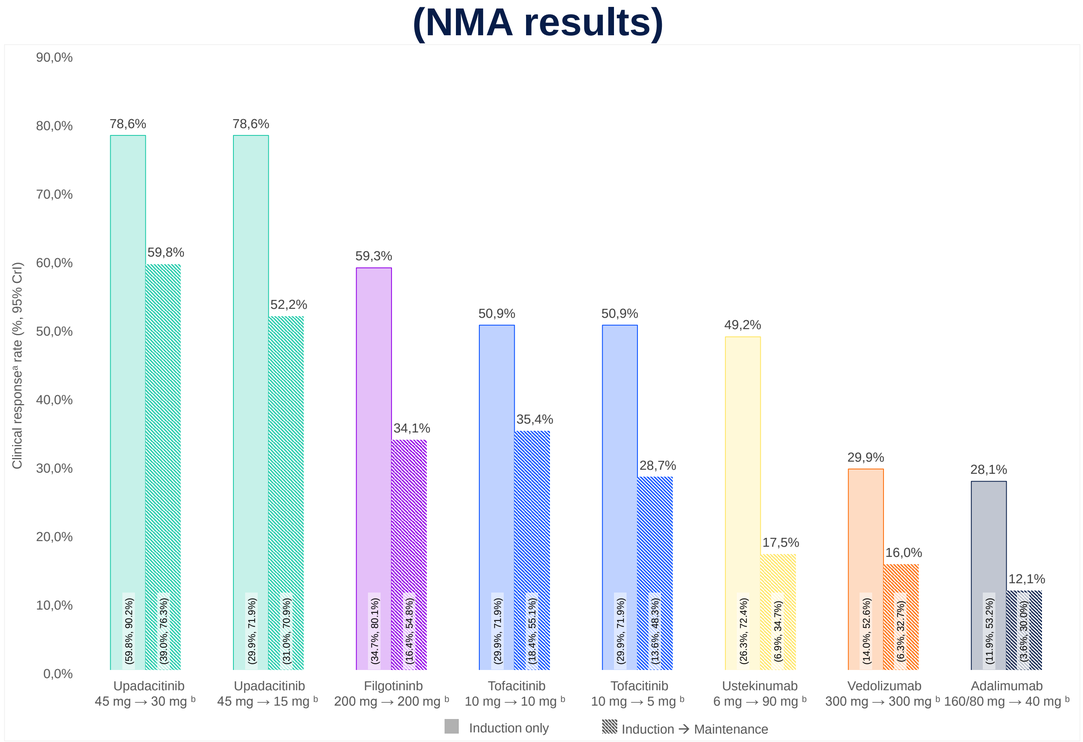
- Ulcerative colitis (UC) is an idiopathic, chronic, inflammatory disease affecting the colon. Patients with UC have mucosal inflammation starting in the rectum that can extend continuously to proximal segments of the colon[1]
- The goals of therapeutic management are clinical remission without steroids and mucosal healing in the long term[2,3,4]
- Advanced therapies available in France are vedolizumab, tofacitinib, ustekinumab and tumor necrosis factor inhibitors.[5,6,7] Upadacitinib and filgotinib are not reimbursed for UC at this time in France

METHODS

- The cost per event was calculated as treatment cost divided by efficacy rate
- A Bayesian Network Meta-Analysis (NMA) determined the comparative efficacy of advanced therapies using a treat-through approach that adjusted maintenance outcomes by the likelihood of clinical response after induction
- Efficacy outcomes included the proportion of induction responders with clinical response, clinical remission or endoscopic improvement after maintenance
- Drug acquisition costs over one year were derived from French reimbursement lists, except for upadacitinib 45 mg, for which the German published price was used (pre-AMNOG)

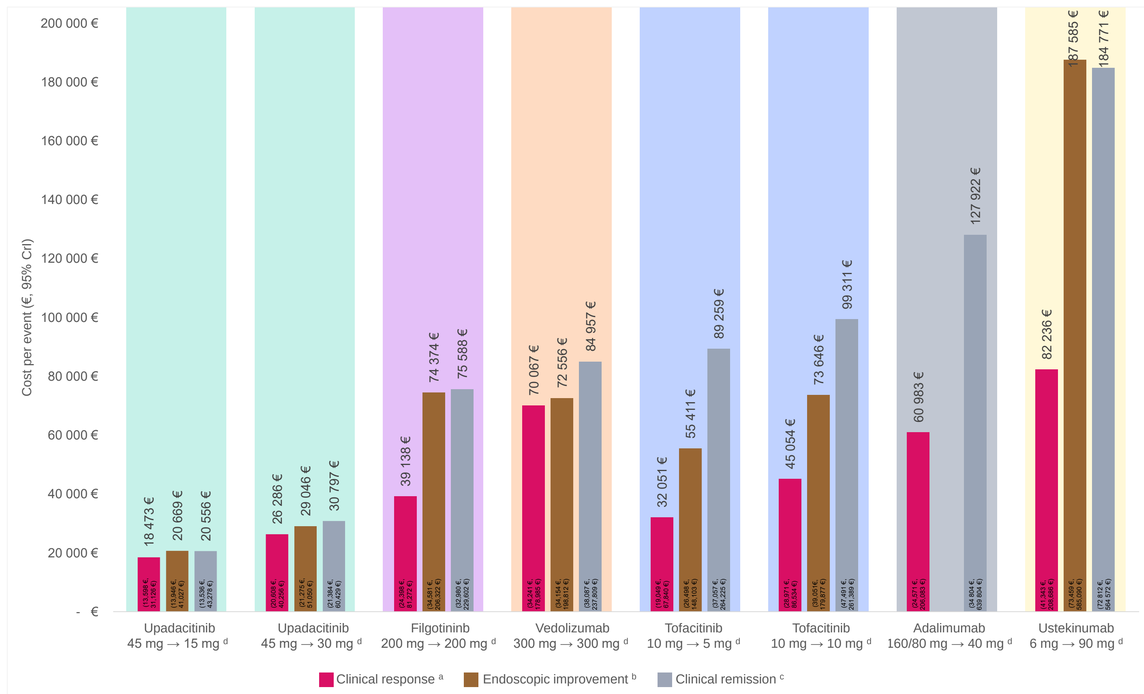
RESULTS

Figure 1. Upadacitinib presents the highest clinical response rates after induction and maintenance treatment (NMA results)



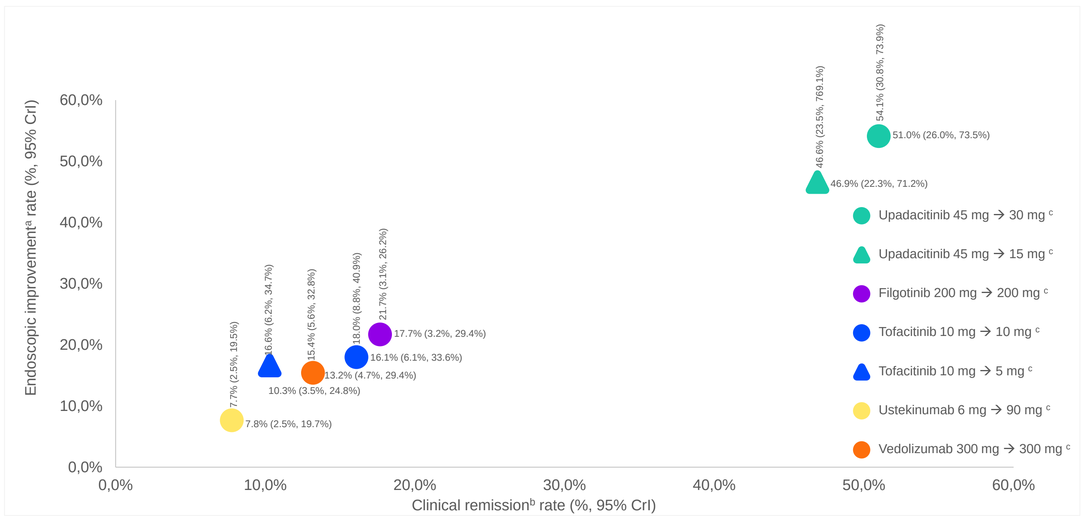
[a]Clinical response defined as decrease from baseline in Full Mayo score ≥3 points and ≥30%, accompanied by a decrease in Rectal Bleeding Score (RBS) of ≥1 or an absolute RBS of ≤1. [b]Induction → maintenance dosage. Dosages considered correspond to that of SmPc.
Placebo rates for these analyses were 21.3% (12.4%, 34.1%) for the bio-experienced NMA. No data are available for infliximab and golimumab in the bio-experienced population.
Dosages considered correspond to that of SmPc.
The products listed here are not interchangeable. They differ with respect to mechanisms of action, modes of administration, ingredients, strength, dosage and administration, efficacy, and safety. No conclusions regarding comparative safety or efficacy can be drawn from this information. Consult an individual product's SmPC for full details.
CrI, credible interval; SmPc, Summary of Product Characteristics.

Figure 3. At week 52, upadacitinib has the lowest cost to achieving and maintaining clinical events



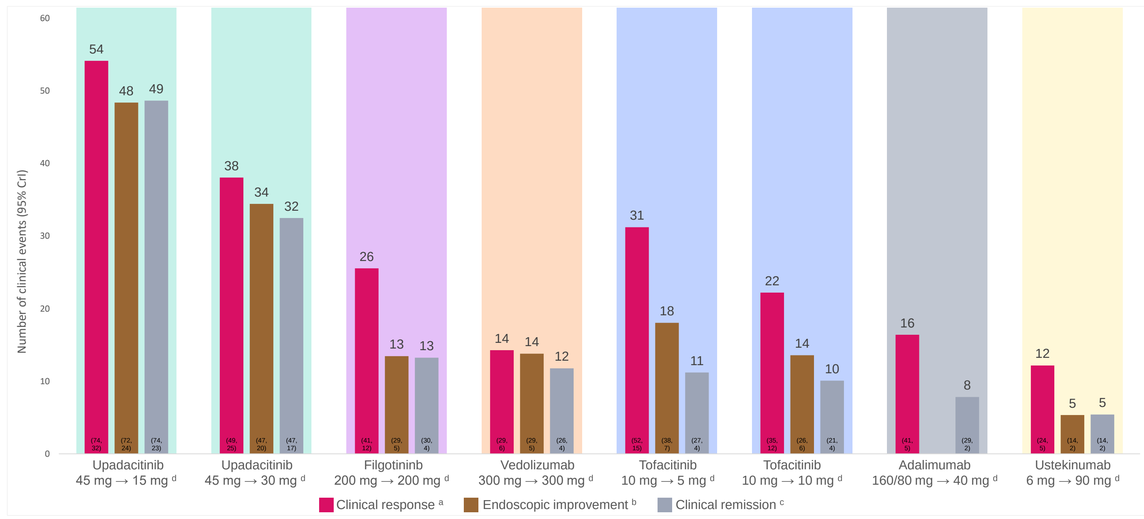
[a]Clinical response defined as decrease from baseline in Full Mayo score ≥3 points and ≥30%, accompanied by a decrease in Rectal Bleeding Score (RBS) of ≥1 or an absolute RBS of ≤1. [b]Endoscopic improvement defined as a Mayo endoscopic subscore ≤1. [c]Clinical remission defined as a Full Mayo score ≤2 with no subscore >1. [d]Induction → maintenance dosage. Dosages considered correspond to that of SmPc.
Treat-through approach: induction responders x maintenance remitters.
No data are available for infliximab and golimumab in the bio-experienced population. No data for adalimumab were available for endoscopic improvement outcome from the clinical trial.
If the price of adalimumab was adjusted to the biosimilar price, the CPE (median €, 95% CrI) would be 107,403 € (34,804 €; 639,804).
The products listed here are not interchangeable. They differ with respect to mechanisms of action, modes of administration, ingredients, strength, dosage and administration, indications, efficacy, and safety. In addition, material differences exist between the safety profiles of these products. No conclusions regarding comparative safety or efficacy can be drawn from this information. Consult an individual product's SmPC for full details.
CrI, credible interval; SmPc, Summary of Product Characteristics.
Upadacitinib was also the lowest for clinical response and endoscopic improvement outcomes.

Figure 2. Upadacitinib presents the highest clinical event rates after induction and maintenance treatment (NMA results)



[a]Endoscopic improvement defined as a Mayo endoscopic subscore ≤1. [b]Clinical remission defined as a Full Mayo score ≤2 with no subscore >1. [c]Induction → maintenance dosage. Dosages considered correspond to that of SmPc.
Treat-through approach: induction responders x maintenance remitters.
Placebo rates for clinical remission outcome were 1.9% (1.0%, 3.7%) for the bio-experienced NMA. No data are available for infliximab and golimumab in the bio-experienced population. No data for adalimumab were available for endoscopic improvement outcome from the clinical trial. Adalimumab rate for the clinical remission outcome (%, 95% CrI) were 5.8% (1.2%, 21.2%).
The products listed here are not interchangeable. They differ with respect to mechanisms of action, modes of administration, ingredients, strength, dosage and administration, efficacy, and safety. No conclusions regarding comparative safety or efficacy can be drawn from this information. Consult an individual product's SmPC for full details.
CrI, credible interval; SmPc, Summary of Product Characteristics.

Figure 4. With a budget of 1 M€, upadacitinib achieves the greatest number of clinical events



[a]Clinical response defined as decrease from baseline in Full Mayo score ≥3 points and ≥30%, accompanied by a decrease in Rectal Bleeding Score (RBS) of ≥1 or an absolute RBS of ≤1. [b]Endoscopic improvement defined as a Mayo endoscopic subscore ≤1. [c]Clinical remission defined as a Full Mayo score ≤2 with no subscore >1. [d]Induction → maintenance dosage. Dosages considered correspond to that of SmPc.
No data are available for infliximab and golimumab in the bio-experienced population.
The products listed here are not interchangeable. They differ with respect to mechanisms of action, modes of administration, ingredients, strength, dosage and administration, indications, efficacy, and safety. In addition, material differences exist between the safety profiles of these products. No conclusions regarding comparative safety or efficacy can be drawn from this information. Consult an individual product's SmPC for full details.
CrI, credible interval; SmPc, Summary of Product Characteristics.
Upadacitinib was also the lowest for clinical response and endoscopic improvement outcomes.

International Society for Pharmacoeconomics and Outcomes Research (ISPOR Europe 2022); November 6–9, 2022

STUDY LOGO